

# CHILD CARE GROUP/CENTER INSPECTION FORM

☐ INSPECTION ☐ REINSPECTION ☐ COMPLAINT

Department of Public Health - Child Care Licensing Program  
410 Capitol Ave., MS#12 DAC, P.O. Box 340308, Hartford, Connecticut 06134-0308

Town \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
Date/Time of Inspection

## INSTRUCTIONS

Check = Compliance; Circle = Non-Compliance; 3 = Not Observed; 4 = Not Applicable

Date of Expiration

Licensed Capacity \_\_\_\_\_ Under 3 Endorsement \_\_\_\_\_ # Children Present \_\_\_\_\_ # Under 3 Present \_\_\_\_\_ # Staff Present \_\_\_\_\_

Program Name \_\_\_\_\_ License # \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ Operator \_\_\_\_\_  
Licensed for: ☐ Under 3 Yrs ☐ School Age ☐ Night Care ☐ Pre-School (3-5 Years) ☐ On Site Kindergarten

### Administration 19a-79-3a

- ☐ 1. Staff attendance records
- ☐ 2. Children attendance records

### Items posted:

- ☐ 3. License
- ☐ 4. Fire marshal certificate
- ☐ 5. Department complaint procedure
- ☐ 6. Food service certificate
- ☐ 7. Menus
- ☐ 8. Emergency plans (fire, weather, medical, evacuation)
- ☐ 9. No smoking signs

### Staffing 19a-79-4a

- ☐ 10. Staff health records
- ☐ 11. Continuing education
- ☐ 12. Two people present
- ☐ 13. Ratio: 1 staff to 10 children
- ☐ 14. Group size no larger than 20
- ☐ 15. First aid certified person
- ☐ 16. CPR certified person

### Record Keeping 19a-79-5a

- ☐ 17. Enrollment information
- ☐ 18. Authorized emergency medical permission
- ☐ 19. Authorized released permission
- ☐ 20. Authorized field trip permission
- ☐ 21. Authorized transportation form
- ☐ 22. Child health records

### Health and Safety 19a-79-6a

- ☐ 23. First aid kit

### Physical Plant/Indoor Space 19a-79-7a

- ☐ 24. License premise clean/good repair
- ☐ 25. Equipment clean, in good repair, safe/non-toxic
- ☐ 26. Free from observable hazards
- ☐ 26a. Peeling paint observed, sample taken
- ☐ 26b. Lead Management Plan reviewed
- ☐ 27. Sanitary drinking fountains/disposable cups
- ☐ 27a. Lead water test/DATE \_\_\_\_\_
  - ☐ Within acceptable limits ( $\leq 0.015$  ppm or 15 ppb)
  - ☐ Exceeds limits/ on bottled water ☐ YES ☐ NO(Contact DPH Water Supply Section)
- ☐ 28. Adult toilet available/designated
- ☐ 29. All openings for ventilation screened
- ☐ 30. Glass protected to 36"
- ☐ 31. Overhead doors equipped with locking devices

- ☐ 32. Exits, hallways and stairs unobstructed
- ☐ 33. Individual storage of bedding and clothing
- ☐ 34. Approved safety outlets/cover
- ☐ 35. Required toilets/sinks/supplies
- ☐ 36. Ventilation in toilet room
- ☐ 37. Air temp 68°, thermometer affixed
- ☐ 38. Hot water 115°, maximum
- ☐ 39. Walls, ceilings, floors, rugs clean/good repair
- ☐ 40. Working phone on each level
- ☐ 41. Emergency phone numbers posted
- ☐ 42. Lighting 50 ft. candles/sq. ft./protected
- ☐ 43. Potentially hazardous substance locked
- ☐ 44. Garbage, rubbish properly disposed daily
- ☐ 45. Stairs in good repair and protected, hand rails
- ☐ 46. Animals maintained
- ☐ 47. Radon test conducted/posted
- ☐ 48. Program space 35 sq. ft. per child
- ☐ 49. Cots stored/maintained/adequate number
- ☐ 50. Developmentally appropriate equipment and materials available and used

### Outdoor Space

- ☐ 51. Usable square footage outside (75 sq. ft./per child)
- ☐ 52. Area fenced to 4 feet or protected
- ☐ 53. Playground free from hazards
- ☐ 53a. Peeling paint observed, sample taken
- ☐ 53b. Lead Management Plan reviewed
- ☐ 54. Shock absorbing materials under equipment
- ☐ 55. Walkways maintained
- ☐ 56. Equipment anchored/safely arranged

### Educational Requirements 19a-79-8a

- ☐ 57. Written plan for daily program available to parents
- The program shall include:
- ☐ 58. Child-initiated and teacher-initiated activities
  - ☐ 59. Exploration and discovery
  - ☐ 60. Choices for children in materials and equipment
  - ☐ 61. Individual and small group activities
- Active and quiet play
- ☐ 63. Rest, sleep or quiet activity
  - ☐ 64. Nutritious snacks and meals
  - ☐ 65. Toileting and clean up

☐ Written corrective action plan due to DPH by: \_\_\_\_\_

“REMARKS”:

Signed (Inspector)	Date Corrections Due	Signed (Person in Charge)
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# CHILD CARE GROUP/CENTER ENDORSEMENT INSPECTION FORM

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Address \_\_\_\_\_ Operator \_\_\_\_\_

Licensed for: ☐ Under 3 Yrs ☐ School Age ☐ Night Care ☐ Pre-School (3-5 Years) ☐ On Site Kindergarten

### Under Three Endorsement 19a-79-10

- ☐ 1. Ratio 1:4
- ☐ 2. Group size no larger than 8
- ☐ 3. Physical barriers/groups of 8
- ☐ 4. Adequate sinks in program space
- ☐ 5. Free-standing cribs (slats no more than 2-3/8" apart)
- ☐ 6. Washable cots for toddlers
- ☐ 7. High chairs w/straps and locking tray
- ☐ 8. Adult rocking chair
- ☐ 9. Developmentally appropriate tables/chairs
- ☐ 10. Refrigerators and food prep facilities
- ☐ 11. Non-porous diapering area with rail
- ☐ 12. Disposable paper sheets
- ☐ 13. Covered waste receptacle
- ☐ 14. Handwashing procedures posted/followed
- ☐ 15. Diaper changing procedure posted/followed
- ☐ 16. Children's clothing stored individually
- ☐ 17. Cribs/cots cleaned
- ☐ 18. Toys washed
- ☐ 19. No toys less than 1" diameter
- ☐ 20. Plastic bags, balloons, styrofoam objects not accessible to children
- ☐ 21. R.N. consultant log on site
- ☐ 22. Infants held for bottle feedings
- ☐ 23. Unused portions of formula discarded
- ☐ 24. Clean bottles provided by parent
- ☐ 25. Approved bottle washing system
- ☐ 26. Food served from dish/whole jar served
- ☐ 27. Child's bottle individually identified with name
- ☐ 28. Outdoor play space fenced
- ☐ 29. Developmentally appropriate outdoor equipment

### Administration of Medication 19a-79-9a

- ☐ 30. Approved written order
- ☐ 31. Medications administration form
- ☐ 32. Medications locked cabinet or locked in refrigerator
- ☐ 33. Original labeled containers
- ☐ 34. Trained person present-Copy of Certificate
- ☐ 35. Training outline on file

### Night Care 19a-79-12 (8:00 P.M. - 6:00 A.M.)

- ☐ 36. Head teacher on premise - 60%
- ☐ 37. Quiet activities
- ☐ 38. Supervision plan
- ☐ 39. Evacuation plan
- ☐ 40. All staff awake
- ☐ 41. Individual cot/cribs
- ☐ 42. Bedding appropriate/laundered
- ☐ 43. Toiletries appropriate
- ☐ 44. Ambient air 65°
- ☐ 45. Fire marshal approval
- ☐ 46. Health director approval

### School Age 19a-79-11

- ☐ 47. Activity choices available:  
free time \_\_\_\_\_ creative \_\_\_\_\_ self-concept \_\_\_\_\_  
small group \_\_\_\_\_ homework \_\_\_\_\_ quiet \_\_\_\_\_  
snack \_\_\_\_\_ special events \_\_\_\_\_ physical \_\_\_\_\_
- ☐ 48. Ages 5 years attending school
- ☐ 49. Ratio 1 staff to 10 children
- ☐ 50. Group size/20

### "REMARKS":

☐ Written corrective action plan due to Department of Public Health by: \_\_\_\_\_

Signed (Specialist)

Date Corrections Due

Signed (Person in Charge)